

# Plastic Trash Bag Wholesaler Certification

**Reporting Period: January 1 through December 31, \_\_\_\_\_**

California law requires you to certify by March 1 of each year for the regulated plastic trash bags sold in California.

## Instructions

1. Please type or print legibly in ink. Use "N/A" for items which are not applicable.
2. If you did not sell any trash bags in California during the reporting period, mark item 9, sign and return the form.
3. If all the trash bags you sold in California during the reporting period were non-regulated trash bags, mark item 10 and 11, sign and return the form.

Return form to:

Email: plasticbag@calrecycle.ca.gov  
 Fax: (916) 319-7694  
 Department of Resources Recycling & Recovery  
 Attn: Plastic Trash Bag Certification Program  
 1001 I Street  
 P. O. Box 4025  
 Sacramento, CA 95812-4025  
 (916) 341-6407

## Section A - Wholesaler Information

Please provide your company information below.

(1) Company name		(2) Date	
(3) Contact Person	(3a) E-Mail Address (Optional)	(4) Phone number (     )	
(5) Mailing address of contact person	(6) City	(7) State	(8) ZIP code
(9) I did not sell any trash bags in California during the reporting period.		TRUE	FALSE
(10) All the trash bags I sold in California were non-regulated trash bags.		TRUE	FALSE
(11) Circle each type of non-regulated trash bag you sold in California during the reporting period:			
1) Less than 0.70 mil	2) Non-plastic bags	3) Medical waste bags	
4) Hazardous waste bags			

## Section B - Shipping Locations

Please list each physical address from which you shipped regulated trash bags.

(12a) Company name	(13a) Contact person	(14a) Phone (     )	
(15a) Street	(16a) City	(17a) State	(18a) ZIP
(19a) Tons of regulated trash bags shipped	(20a) Number of regulated trash bag shipped		
(12b) Company name	(13b) Contact person	(14b) Phone (     )	
(15b) Street	(16b) City	(17b) State	(18b) ZIP
(19b) Tons of regulated trash bags shipped	(20b) Number of regulated trash bag shipped		
(12c) Company name	(13c) Contact person	(14c) Phone (     )	
(15c) Street	(16c) City	(17c) State	(18c) ZIP
(19c) Tons of regulated trash bags shipped	(20c) Number of regulated trash bag shipped		

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## Section C - Supplier Information

List each "manufacturer or wholesaler" from whom you purchased regulated trash bags.

(21a) Company name	(22a) Contact person	(23a) Phone ( )
(24a) Street	(25a) City	(26a) State (27a) ZIP
(21b) Company name	(22b) Contact person	(23b) Phone ( )
(24b) Street	(25b) City	(26b) State (27b) ZIP
(21c) Company name	(22c) Contact person	(23c) Phone ( )
(24c) Street	(25c) City	(26c) State (27c) ZIP
(21d) Company name	(22d) Contact person	(23d) Phone ( )
(24d) Street	(25d) City	(26d) State (27d) ZIP
(21e) Company name	(22e) Contact person	(23e) Phone ( )
(24e) Street	(25e) City	(26e) State (27e) ZIP

## Section D - Certification Instructions

Certification: Only the following persons are authorized to sign this form.

\* Corporation: By a responsible corporate officer or manager authorized to make management decisions which govern the operation of reporting facility.

\* Partnership or sole proprietorship: The general partner or proprietor.

\* Government agency: By either the principal executive officer or a designated elected official who is authorized to obligate the entity for purposes of this certification.

**I certify under penalty of perjury that this document and all attachments were prepared under my direction or supervision, that to the best of knowledge and belief, the information provided is true, accurate, and complete. I am aware that there are significant penalties for submitting false or misleading information in this certification, including the possibility of fine or imprisonment, or both for violations.**

\_\_\_\_\_  
Signature of individual authorized to sign

\_\_\_\_\_  
Title of authorized individual

\_\_\_\_\_  
Typed or printed name of authorized individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

### Official Use Only

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_